RECEIVED FEC MAIL CENTER

·	FEC MAIL CENTER
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<u>``</u>	Referal Electron Commission 2016 JUL Fally 18: 250/6 12: C00534016, Q2 report
	re: C00534016, Q2 report
	A
	Sir or Madam,
	Our committee has never become active,
	and we still have not recieved or
0	disbursed any Funds. As in past reports,
2	I have put "zeroes" on the appropriate
	mxes
0	baxes.
	We plan to dead inate the
	committee soon, and will refer to your
	website for proper procedures
	Vaus
·	July Holt Treasurer
Y :	
· .	Aolin P. Milt
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	312-671-0909
	3 milt 95 @ if ahoo. Com
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<u></u>	y.

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JUL 25 AM 10: 25

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	property and the second
ADDRESS (number and street) Check if different than previously reported. (ACC)	15.0.3. W. Hapy Apit 203 Arlington	Heights	IL 60	0.04-17.1.1.9
COO5340	3. IS		STATE A AMENDE	ZIP CODE A
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-elective Only) (MY) Termination Report (TER) 5. Covering Period	(b) Monthly Report Due On: Mar 2 Apr 20 (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	O (M2) May 20 (M5) O (M3) Jun 20 (M6) O (M4) Jul 20 (M7) Primary (12P) Convention (12C) on General (30G)	5) Aug 20 (M8	(Non-Election Year Orly) Dec 20 (M12) (Non-Election Year Orly)
I certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, error	his Report and to the best of mer John P.	H11+	Date Dad	5 2016
Office Use Only				C FORM 3X Rev. 12/2004

2016:07:25:08:00091mg/

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name Exposing Mg1	xists PAC	
Report Covering the Period: From:	04 07 2016 To: 06 30	2016
	COLUMN A COLUM This Period Calendar Yea	
6. (a) Cash on Hand January 1, 20		0000
(b) Cash on Hand at Beginning of Reporting Period	0.0.0.0	
(c) Total Receipts (from Line 19)	0.0.0.0	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0.0.0.0	0,0.0.0
7. Total Disbursements (from Line 31)	0000	00.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.0.0.0	0.0.00
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.0.0	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
This committee has qualified as a n	nulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

FE6AN026

DETAILED SUMMARY PAGE

•	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
٧	Vrite or Type Committee Name		
_	Exposing Marxisi	TS PAC	
F	Report Covering the Period: From:	Н 67 2016 то:	06 30 2016
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.0.00	0000
	(ii) Uniternized	0.0.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	0000	
	Lines II(a)(i) and (ii)		
	(b) Political Party Committees	0.0.0.0	0000
	(c) Other Political Committees		A A A A A
	(such as PACs)		<u> </u>
	11(a)(iii), (b), and (c)) (Carry		Same in the second seco
	Totals to Line 33, page 5)	0.0.0.0	0.0.0.0
12.	Transfers From Affiliated/Other Party Committees	$\langle \langle \langle \langle \rangle \rangle \rangle \rangle$	
	ratty Committees	1.0.0.0.0	0.0.0.0
13.	All Loans Received	0.0.00	0.0.0
	Loan Repayments Received	0,0.0.0	0.000
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	$() \cap \lambda \cap$	۸۸۸۸
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		
17	Political Committees	0.000	6.0.0.0
17.	(Dividends, Interest, etc.)	0.0.0.0	0.0.0.0
18.	Transfers from Non-Federal and Levin Funds	and the second s	
	(a) Non-Federal Account		
	(from Schedule H3)	0.0.0	0.0.0
	(b) Levin Funds (from Schedule H5)	0.00	2020
	in the state of th		
	(c) Total Transfers (add 18(a) and 18(b))	0.0.0.0	0.0.0.0
			•
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	10.0.0.0	0.0.0.0
20.	Total Federal Receipts	;	`
	(subtract Line 18(c) from Line 19)	0.0.0	חל מל ה

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Valendar Tear-to-Date
	Activity (from Schedule H4)	A A A A	
	(i) Federal Share		1
	(ii) Non-Federal Share	0.0.0.0	0.0.0.0.0
	(b) Other Federal Operating	40.66	
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.000	0000
22.	Transfers to Affiliated/Other Party		
23.	ConmitteesContributions to		
	Federal Candidates/Committees and Other Political Committees	0000	00.00
24.	Independent Expenditures		
25.	(use Schedule E) Coordinated Party Expenditures		1.00.00
	(2 U.S.C. §441a(d)) (use Schedule F)	00.00	0000
00	Lana Baranmanta Mada		
26.	Loan Repayments Made		10000
	Loans MadeRefunds of Contributions To:	0.000	0.000
20.	(a) Individuals/Persons Other Than Political Committees	0.000	$\bigcap \bigcap \bigcap$
	man Foliaca Committees		
	(b) Political Party Committees	0.000	
	(c) Other Political Committees (such as PACs)	0.000	
	(SUCII do FACS)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0000	L
29.	Other Disbursements	00-00	0000
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)	hander at mother than the state of the sale of the sal	
	(i) Federal Share	L	0.000
	(ii) "Levin" Share	0000	0000
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.000	00.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		0.00
	2.1100 00(0)(1) 00(0)(1) 2.10 00(0))		
31.	Total Disbursements (add Lines 21(c), 22,	Sample and a suppression of the	Barrella contraction of the second se
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0000	1
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	100.00	0000

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TIII.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	0000	0,000
34.	Total Contribution Refunds (from Line 28(d))	.0.0.00	00.00
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	00-00	00.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1.0000	0.000
37.	Offsets to Operating Expenditures (from Line 15, page 3)	00.00	0000
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0000	0000

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SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11b 11c **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt Mailing Address Zip Code City State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) PAGE FOR LINE NUMBER: OF Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 24 25 26 **Detailed Summary Page** 27 28a 28b 28c 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) В.

	<u> </u>		
Full Name (Last, First, Middle Initial)		!	Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	·	Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	:	
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		den en de ser la companya de la comp
State: District:	<u> </u>	<u> </u>	Landing the state of the state
	(optional)		0000
CIAL This Fellou (last page this line it	unider offigy		Andrew Broken Br
N026			FEC Schedule B (Form 3X) Rev. 02/200

CHEDULE C (FEC Form 3X)				
NAME OF COMMITTEE (In Full)		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X	
		<u> </u>	L	
Exposing Marxists	PAC			
LOAN SOURCE Full Name (Last, First, Middle	nitial)	Ele	ection:	
		.	Primary General	
Mailing Address			Other (specify)	
, maining recursors			j	
City St.	ate ZIP Cod	de		
, - 3 .	Cumulative Payment To		Outstanding at Close of This, Pe	
TERMS	Data Data	1-4 A D-4		
Date Incurred	Date Due	Interest Rate	Secured:	
			% (apr) Yes	
List All Endorsers or Guarantors (if any) to L	oan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
1. Tull Hame (Last, First, Middle Hittal)		Traine of Employer		
Mailing Address		Occupation		
	[
		Amount grange grange	almost handress lamater with a relicentificate tell	
City State	ZIP Code	Guaranteed Gutstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
2. Full Hame (Last, First, Middle Initial)		realis of employer		
Mailing Address		Occupation		
	ł		<u> </u>	
	700 0	Amount	to the state of the state of	
City State 2	ZIP Code	Guaranteed Coutstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
o. Full reality (Cast, Fliot, Master Minus)		viamo er Employo.		
Mailing Address		Occupation		
				
Chata	ZID Codo	Amount Guaranteed	the section of the se	
City State 2	ZIP Code		danis Markarin Control	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
,		• •		
Mailing Address		Occupation		
				
City State 2	ZIP Code	Amount Guaranteed	distribution of the second	
Only Glate 2		Outstanding:		
		 		
		Emerchicanorilla	anne de manuelle server la serma descriación de la colonic constitue de constitue de la colonic constitue de c	
UBTOTALS This Period This Page (optional)		• • • • • • • • • • • • • • • • • • •	0.0.00	
		- Control of the Cont	r o A N	
OTALS This Period (last page in this line only)	***************************************			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule Company

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C				
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER				
Exposing Marxists PA	C	C100534016				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
Full Name						
		70				
Mailing Address	Date Incurred or Established					
City State Zip Code	Date Due	, B B ,				
A. Has loan been restructured? No Yes	If yes, date originally incurred	d / 000 / 700 /				
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:					
C. Are other parties secondarily liable for the debt incu	rred? nust be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	of deposit, chattel papers,	What is the value of this collateral?				
No Yes If yes, specify:		Dogs the leader to the leader				
		Does the lender have a perfected security interest in it? No Yes				
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,		What is the estimated value?				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	the second second the second second second second second second second second				
Date account established:	Address:					
	City, State, Zip:					
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	as pledged for this loan, or if the n was made and the basis on wh	amount pledged does not equal or exceed ich it assures repayment.				
G. COMMITTEE TREASURER Typed Name Signature A A A A A A A A A A A A A	•	DATE 6.7 1.5 2.01.6				
H. Attach a signed copy of the loan agreement.						
TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the tare accurate as stated above.		{				
II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	of comparable credit worthiness. a loan must be made on a basis	which assures repayment, and has				
complied with the requirements set forth at 11 (CFR 100.82 and 100.142 in makin	ng this loan.				
Typed Name		DATE				
	ītle	77				

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS AND OBLIGATIONS Excluding Loans		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			
Exposing Marxists PA			
A. Full Name (Last, First, Middle Initial) of Debtor or Ci	reditor	Nature of D	ebt (Purpose):
Mailing Address			
City State Zip	Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
	taymont this torous		ig balance at close of this Period
B. Full Name (Last, First, Middle Initial) of Debtor or Cre	editor	Nature of D	ebt (Purpose):
·		ł	
Mailing Address			
City State Zip	Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
The state of the s	the state of the s	AND	
C. Full Name (Last, First, Middle Initial) of Debtor or Cr	editor	Nature of D	ebt (Purpose):
Mailing Address			
City Stat	te Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
		aded karted.	
1) SUBTOTALS This Period This Page (optional)			2277
2) TOTALS This Period (last page this line number only)		>	100000
3) TOTAL OUTSTANDING LOANS from Schedule C (last	page only)		0000
4) ADD 2) and 3) and carry forward to appropriate line of	Summary Page (last page onl	y) >	0000

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Exposing Marxists PAC	COD.5.3.4.0.1.6
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount Am
City State Zip Code	Amount
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date / DSD / YAVAYAY
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 00000
(b) SUBTOTAL of Uniternized Independent Expenditures	• 0000
(c) TOTAL Independent Expenditures	0.0.0.0
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature Date	0.7 15 20.16

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election) FOR LINE 25 OF FORM 3X NAME OF COMMITTEE (In Full) Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Туре Date City Zip Code State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code City Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date State Zip Code City Name of Federal Candidate Supported House Office Sought: State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > SUBTOTAL of Expenditures This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Exposing Marxists PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal

SCHEDULE H2 (FEC Form 3X) **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both

federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	reference to a political pa	arty. Such expenses
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %

PAGE

OF

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SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

LLOC	CATED FEDERAL / NONFEDERAL	ACTIVITY		FOR LINE 18a OF FORM 3X
AME C	OF COMMITTEE (In Full)			
FX	Doging Marxists P.	AC .		_
NAM	E OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
}		, , , , ,		
	AKDOWN OF TRANSFER RECEIVED Total Administrative			
1"	Total Administrative			and the second s
li)	Generic Voter Drive			
		ι		
iii)	Exempt Activities			and the state of t
(v)	Direct Fundraising (List Activity or Event Iden	tifier)		·
	•		and and and	
-	a)	land Andrews		·
	b)	and the second s		
		the state of the s		and the state of t
	c) Total Amount Transferred For Direct Fundra	sing		
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)		·
	•			
	a)		ad Barbara	
'	b)			
		the state of the s		and the state of t
	c) Total Amount Transferred For Direct Candid	ate Support		and or have the above to the state of the st
\ .a\	Public Communications Referring Only to P	arty (Made by PAC)	t	and the second s
VI)				
	TOTALS FO	R BREAKDOWN OF TRANSFER	٠	
TOTAL	This Period (Administrative)			
		and the second s	edinochamela	and the second s
TOTAL	This Period (Generic Voter Drive)			a Describeration de la constitución
TOTAL	This Period (Exempt Activities)	i i i i i i i i i i i i i i i i i i i		
	,			and demand the columnistic control control of
TOTAL	This Period (Direct Fundraising)	47 C	Annie de la Company	The state of the s
TOTAL	This Period (Direct Candidate Support)			
TOTAL	This Period (Public Communications Referring	Only to Party)	ĵ.	
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X
vity or Event:
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ive Direct Candidate Support
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ctivity or Event Year-To-Date
TOTAL AMOUNT
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TOTAL AMOUNT
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Description of the San

NA C	ME OF COMMITTEE (In Full) EXDOSINA MAIXISTS PA	.C			
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Malling Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			-	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				The state of the s
				Category/ Type	Date
	FEDERAL SHARE +		NONFEDERAL	. SHARE	TOTAL AMOUNT
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
				9	
	Activity or Event Identifier:			Category/	The state of the s
				Category/ Type	Date
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
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<u>.</u>	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
•				·	Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
					Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			Catagori	Transaction Continues (Continues Continues Con
				Category/ Type	Date
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
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				Participant Comment	the same of the sa
SL	JBTOTAL of Allocated Federal and NonFederal Ac	tivity This	Page		
	FEDERAL SHARE +		NONFEDERAL	SHARE	= TOTAL AMOUNT
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TC	OTAL This Period (last page for each line only)(Fer	deral share	e to 21(a)(i) and	NonFederal sha	The state of the s
	FEDERAL SHARE	Processing and the Control of the Co	NONFEDERAL	SHARE	TOTAL AMOUNT
	and a section of the		Markey Brand Dr	and was investible and and	

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be us	ed by Stat	e, District	and Local	Party	Committees	Only)

To be used by State, District and Local	Party Committee	s Only)		PAGE OF FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full) Exposing Marxists	PAC			
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMO	UNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		 :		٦
i) Voter Registration	garage at	VOTER REGISTR	IATION	
Total Amount Transferred for Voter	Registration		4.4.6.4	
ii) Voter ID		landaria de la	OTER ID	
Total Amount Transferred for Voter	ID		And bedrook of the	
iii) GOTV		.ppcathouspasson.gove	GOTV	Conference recovery to the conference recovery to the conference of the conference o
Total Amount Transferred for GOTV	<i>/</i>		30 A A	
iv) Generic Campaign Activity		(GENERIC CAMP	PAIGN ACTIVITY
Total Amount Transferred for General	ric Campaign Activity			
				The state of the s
NAME OF ACCOUNT	DATE OF RECEIPT	Straightenister Are Theographical Control	TOTAL AMOU	UNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		VOTER REGISTR	IATION	
i) Voter Registration Total Amount Transferred for Voter	Panistration	Andrew Company		
IDIAI AIRDUIT TRAISIETEU TOT VOICE	negisuation		OTER ID	
ii) Voter ID				
Total Amount Transferred for Voter	ID	Brewella vo vilos e la Terralisco n		क ्षिक्त प्रदेश
iii) GOTV		Paragram and the same of the s	GOTV	ह इत्यो <u>क्षाका कर्त्रका कर्त्य</u> करा कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक कर्त्यक
Total Amount Transferred for GOTV	<i>/</i>			and the second second
iv) Generic Campaign Activity		gaan	GENERIC CAMP	'AIGN ACTIVITY
Total Amount Transferred for General	ric Campaign Activity		nicated and and a	
TOTAL & FOR PRI	EANDOWN OF TRANS	EED DECEIVED (I :	ant Page Only)	· · · · · · · · · · · · · · · · · · ·
IUIALS FUR BRI	EAKDOWN OF TRANS	PER RECEIVED (LE	ist rage Uniy;	
TOTAL This Period (Voter Registration)	President Control	atmedia dan dan dan	-	
101AE 1110 1 01100 (10101 1123-11111)				
TOTAL This Period (Voter ID)				
				and an analysis of the second
TOTAL This Period (GOTV)				
			edocadam danah metam	agrand and a second
TOTAL This Period (Generic Campaign Ac	ativity)		Andrew Street Constitution Asses	43-1-12-1-3
TOTAL This Period (Total Amount of Trans	ofera Deceived)		Transmission of the second	
IOIAL INS Period (lotal Amount of Trans	siers neceived)			

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)	
Exposing Marxists PAC	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	province and the same of the s
·	
Purpose of Disbursement	Category/ Date
CEDERAL GUARE	Type demandament describes the describes the second
FEDERAL SHARE + LEV	/IN SHARE = TOTAL AMOUNT
	and and the street Street Street Street
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
}	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
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City State Zip Code	and the state of t
Purpose of Disbursement	Category/ Data
	Type Date
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C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	Allocated Activity of Event Year-10-Date
City State Zip Code	
Durana d Sidana	
Purpose of Disbursement	Category/ Type Date
FEDERAL SHARE + LEV	IN SHARE = TOTAL AMOUNT
, contract of the second	TOTAL AMOUNT
Andrew Control of the	
SUBTOTAL of Shared Federal and Levin Activity This Page	
	IN SHARE = TOTAL AMOUNT
	Annual transfer of the state of
TOTAL This Period (last page for each line only)(Federal share to 30(a	(a)(i) and Levin share to 30(a)(ii))
FEDERAL SHARE	TOTAL AMOUNT
	The state of the s
LEV	IN SHARE
TOTAL This Period for the Levin Share	reference Directable a software Character Statement
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)	N1 -	•
E,	xposing Marxists	PMC	
NAM	E/OF ACCOUNT		
		COLUMN A	COLUMN B
		TOTAL THIS PERIOD	YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized(Use Schedule L-A)		
	(030 04)0550 2 79	Same Some Some Some Some Some Some Some So	
	(b) Uniternized		
		The state of the s	
	(c) Total		
		Sand and the sand	and the state of t
2.	OTHER RECEIPTS		
			the second secon
3.	TOTAL RECEIPTS		
	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		•
	(Use Schedule L-B)		
	(a) Voter Registration		
	(a) Voter Hegistration		
	(b) Voter ID		
	(6) Voter 15		
	(c) GOTV		
	(-,		Samuel and Therefore the March and Therefore the Control of the Co
	(d) Generic Campaign		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(e) Total		
•			
5.	OTHER DISBURSEMENTS		
		Annual Control of the	
6.	TOTAL DISBURSEMENTS		
	(Add Lines 4e and 5)		to the second to
_	DECINING CACLL ON HAND		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
•			
8.	RECEIPTS		
	(from Line 3)	Samuel and the second s	
^	CUDTOTAL		
9.	SUBTOTAL(Add Lines 7 and 8)		
		Considerate Consid	handra da
10.	DISBURSEMENTS		
	(From Line 6)		
11	ENDING CASH ON HAND		
11.	(Subtract Line 10 From Line 9)	American Construction of the Construction of t	the state of the s
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SCHEDULE L-A (FEC Form 3X)

PAGE OF Use separate schedule(s) ITEMIZED RECEIPTS OF LEVIN FUNDS for each category of the FOR LINE NUMBER: Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER	R: F	AGE		OF	
(check only one)	٦.		7		7_
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OF LEVIN FUNDS	Aggregation Page	4b 4d		
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any p	erson for the purpose of soliciting contributions eto solicit contributions from such committee.		
NAME OF COMMITTEE (IN Full) EXPOSING MARXISTS F	M			
Full Name (Last, First, Middle Initial) / Full Organization Name A.		Date of Disbursement		
Mailing Address				
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization (B.	Name	Date of Disbursement		
Mailing Address		- CAD / THY TO THE TOTAL T		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization C. Mailing Address	Name	Date of Disbursement		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization D.	Name	Date of Disbursement		
Mailing Address City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
Full Name (Last, First, Middle Initial) / Full Organization (E.	Name	Date of Disbursement		
Mailing Address		The state of the s		
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period		
SUBTOTAL of Disbursements This Page (optional)	•	and the state of t		
TOTAL This Period (last page this line number only)	•			

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Commission Election Lederal

Washington, DC 20463

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(3/2015)

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DATE PREPARED